MIRCal
Medical
Information
Reporting
for California

Quick Notes

Issue No. 16   *October 30, 2006*

IP Inpatient Discharges   **ED** Emergency Department   **AS** Ambulatory Surgery

The Basics of MIRCal Edit Programs
for Inpatient, Emergency Department, and Ambulatory Surgery Data

Most of you are familiar with MIRCal, OSHPD's web-based application that provides a convenient and secure way for healthcare facilities to submit patient-level data to OSHPD. But how does MIRCal edit the data? What types of errors does MIRCal identify?

This article summarizes MIRCal's edit programs for Inpatient (IP), Emergency Department (ED), and Ambulatory Surgery (AS) data. For an in-depth look at how MIRCal edits data to provide accurate and reliable data to the public, please visit the MIRCal website at http://www.oshpd.ca.gov/MIRCal/resources.htm and click on "The Basics of MIRCal Edit Programs." Details are included there such as the distinction between critical and non-critical flags.

INPATIENT DATA

Transmittal Validation
Transmittal edits apply only to File Submissions
This program edits for viruses, proper file and record format, total records submitted, invalid Discharge Dates, and incorrect facility ID numbers. Data must pass transmittal validation in order to continue the editing process.

Licensing Check
Assures that the facility reports the types of care and services for which it is licensed.
Editing is terminated if data fail the licensing check.

Ungroupable Records (DRG 470)
Error Tolerance Level (ETL): No records with a critical DRG 470 flag
This program uses a 3M DRG grouper to group each record to the appropriate Diagnostic Related Group (DRG). Records with a DRG 470 are identified with a critical S flag or non-critical SW flag, and are listed on the "Ungroupable Records Edit Detail Report."

Trend Edits
ETL: No critical T flags
Compares the facility's data in the current report period to historical data to identify uncharacteristic increases or decreases in each data element category. If the difference between the current data and the historical data is greater than expected," then a critical T flag or non-critical TW flag is generated. The Trend Edit Summary Report displays data elements with a T or TW flag.

Comparative Edits
ETL: No critical C flags
Based on total records reported, checks for reasonable distribution of data within each data element category. If the percentage reported is greater than expected," then a critical C flag is generated. The Comparative Edit Summary Report displays data elements with C flags.

Standard Edits
ETL: 2% of records with one or more critical S flags
Edits each record for blank, invalid, and illogical relationships between two or more data elements within the record. Records with standard edits are identified by a critical S flag or non-critical SW flag and are listed on Standard Edit Summary and Detail Reports.

Re-Admission Edits
ETL: 2% of records with one or more critical K flags
Edits for discrepancies between records for patients who had more than one inpatient stay within the report period. Records are sorted by Social Security Number and then by Discharge Date, to group together all inpatient stays together for the same patient. Date of Birth, Race, Sex, and ZIP Code are edited for accuracy. For the same patient, possible errors are also identified in transfers between types of care within and from outside the facility. Records with re-admission edits are identified by a critical K flag or a non-critical KW flag and are listed on the Re-Admission Edit Summary and Detail Reports.

Coding Edits
ETL: 2% of records with one or more critical V flags
Coding edits were designed to check for illogical relationships between ICD-9-CM diagnoses, procedures and E codes within a record; and for incompatibilities with the official coding guidelines established by the four cooperating parties (NCHS, CMS, AHIMA, and AHA). Records with coding edits are identified by a critical V flag or non-critical VW flag and are listed on the Coding Edit Summary and Detail Reports.

Exception Edits
ETL: does not apply to Exception Edits
Exception edits are non-critical and will not cause data to be rejected. Exception Edits identify the possible over- or under-reporting of certain data element values, such as Unknown SSN or No Other Procedures reported. The facility should review the data to determine if corrections are needed. X-flags identify Exception Edits and are listed on the Exception Edit Summary Report.

Emergency Department and Ambulatory Surgery

Standard Edits
ETL: 2% of records with one or more critical S flags
Edits each record for blank and invalid values, and includes a few relational edits, such as duplicate Diagnosis; missing Cause of Injury E-code, and missing Place of Occurrence. Records with Standard edits are identified by a critical S flag or non-critical SW flag and are listed on Standard Edit Summary and Detail Reports.

Trend Edits
ETL: No critical T flags
Compares the total number of records reported in the current report period to the facility's historical data. For example, if the total number of records increases or decreases more than 20% for the current report period, then a critical T flag or non-critical TW flag is generated. The Trend Edit Summary Report lists data with a T or TW flag.

Please go to http://www.oshpd.ca.gov/MIRCal/resources.htm for more MIRCal resources:
- Inpatient Edit Flag Description Guide
- ICD-9-CM Coding Edit Manual
- California Inpatient Data Reporting Manual
- ED & AS Edit Flag Description Guide
- California ED & AS Data Reporting Manual

Reporting the Expected Source of Payment (ESOP) for California Children's Services

California Children's Services (CCS) program funding comes from Title V Federal funding allocated for "children with special health care needs or who are suffering from conditions leading to such status" (CSHCN).

For **inpatient discharges** report CCS, if it is expected to pay, or did pay, the greatest share of the patient's bill, as 05, County Indigent Programs.

For **ED or AS encounters** report CCS, if it is expected to pay, or did pay, the greatest share of the patient's bill, as Title V (TV).

Healthy Families (HF) enrollees with a CCS medical condition: the diagnosis and treatment services will be covered by the CCS program and the ESOP should be reported as 06, Other Government for discharges and as Title V (TV) for encounters. The ESOP to report will depend on the services received during the inpatient stay or encounter and should reflect the payer who is expected to pay, or did pay, the greatest share of the patient's bill.

CCS program and private health insurance coverage: Private health insurance coverage is used to help reduce CCS program costs. For these patients, report the type of payment that is expected to pay, or did pay the greatest share of the patient's bill. In some instances this may be the CCS program; at other times it may be the private insurance.

Medi-Cal eligible and approved CCS medical conditions: The ESOP for these records should be reported as 06, Other Government for discharges and as Title V (TV) for encounters.

Children who are Medi-Cal eligible and are receiving services covered by Medi-Cal should be reported as Medi-Cal.

Summary of Preliminary Clinical Data Element Survey

During the CHIA convention held in June 2006, a Clinical Data Element Preliminary Survey was given to each attendee. There were approximately 386 representatives in attendance. OSHPD received eighteen completed surveys representing nineteen hospitals. Out of those surveys, seventeen were completed by HIM Managers and one by a Clinical Data Specialist.

The CHIA Board of Directors was interested in how many facilities were ready for implementing Electronic Health Records (EHR) for ease of collecting clinical data elements.

Summary of Preliminary Clinical Data Element Survey *(continued)*

Target dates for implementing EHR:

- 22% of the 19 hospitals are completed at this time
- 45% of the 19 hospitals are unknown at this time
- 33% of the 19 hospitals will be implemented between 2008 – 2010

Percentages for hospitals' medical records now in electronic format are as follows:

- 56% of the 19 hospitals are at 10% - 30%
- 22% of the 19 hospitals are at 31% - 50%
- 5% of the 19 hospitals are at 51% - 70%
- 17% of the 19 hospitals are at 71% - 100%

Rough estimated costs for updating the hospital information systems to electronically collect and report clinical data elements to OSHPD using the MIRCal system are:

- 11% of the 19 hospitals estimate $5,000 - $ 30,000
- 5% of the 19 hospitals estimate $76,000 - $100,000
- 22% of the 19 hospitals estimate $101,000 +
- 61% of the 19 hospitals are not sure of the costs at this time.

Survey respondents expressed concerns regarding the clinical data elements to be reported to OSHPD. We summarized the key points:

1) It will be labor intensive to abstract these additional data elements which currently are not a part of their abstracting system. For example, for elements that are electronic in the laboratory system, how can this system be integrated into the abstracting system?
2) Due to patient privacy and confidentially, they are concerned with HIPAA compliance.
3) From the patient's perspective, how much more personal data should be maintained by the state?
4) They expressed the need for a precise definition on each additional data element. Added skills and knowledge base are needed for data collectors to ensure accuracy.
5) Financial concerns include the cost for hospital staff time to abstract and correct potential data errors, cost of system upgrades, and cost of system interfaces. Their current systems do not communicate with each other; information for those additional data elements would have to be abstracted from several different systems.

IP ED AS

Regulations Update

The Public Comment Period concluded on September 4th, Labor Day. We accepted comments until 5pm on September 5th to accommodate anyone who may have wanted to comment at the last moment. Six comments were received.

Comments and the Responses will be part of the Rulemaking File which is currently being assembled. Following internal approval, the Rulemaking File will begin a thirty working-day review by the Office of Administrative Law (OAL). When OAL approval is achieved, final regulations documents, including the Comments and Responses, will be posted to the OSHPD/MIRCal website. All facilities will be notified. The approved regulations will be given an effective date and will be widely disseminated. It is not anticipated that the final regulations will be significantly different from the proposed regulations.

** IMPORTANT DATES **

IP Due Dates*:

July 1, 2006 – Dec 31, 2006   Due March 31, 2007

ED & AS Due Dates*:

July 1, 2006 – Sept 30, 2006   Due Nov 14, 2006
Oct 1, 2006 – Dec 31, 2006   Due Feb 14, 2007

Upcoming CHIA/OSHPD 6 City Tours:

March 6, 2007	Buena Park
March 7, 2007	Ontario
March 8, 2007	San Diego
March 13, 2007	Sacramento
March 14, 2007	Bay Area
March 15, 2007	Fresno

Updated Report Periods & Due Dates Calendar for IP, ED & AS can be found on the MIRCal web site:

www.oshpd.ca.gov/mircal/resources.htm

Office of Statewide Health Planning & Development
Patient Data Section
818 K Street, Room 100
Sacramento, CA 95814

In This Issue

★ **Basics of MIRCal Edit Programs**
★ **Reporting the Expected Source of Payment for CA Children's Services**
★ **Summary of Preliminary Clinical Data Element Survey**
★ **Regulation Update**